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Bib Data Sheet

CONFIRMATION NO. 2618

SERIAL NUMBER 09/813,266	FILING DATE 03/20/2001  RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. COM011
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## APPLICANTS

Robert J. McCarty JR., Rockwall, TX;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/30/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	TX	4	20	2
Examiner's Signature _____ Initials _____				

## ADDRESS

25962  
SLATER & MATSIL, L.L.P.  
17950 PRESTON RD, SUITE 1000  
DALLAS, TX  
75252-5793

## TITLE

REDUCED MIPS PULSE SHAPING FILTER

FILING FEE  RECEIVED 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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